



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	(808) 534-1244
MAILING ADDRESS (Street)			FAX
333 Queen Street, #902			(808) 534-1247
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			(808) 534-1244
MAILING ADDRESS (Street)			FAX
333 Queen Street, #902			(808) 534-1247
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii State Association of Counties	(808) 270-7760	
MAILING ADDRESS (Street)	FAX	
c/o Dain P. Kane, President; 200 S. High Street	(808) 270-7639	
(City)	(State)	(Zip Code)
Wailuku	Hawaii	96793
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Len Yamauchi, CPA; c/o Desmond M. Kotake, CPA	(808) 848-8144	
MAILING ADDRESS (Street)	FAX	
1405 North King Street, Suite 300	(808) 848-0894	
(City)	(State)	(Zip Code)
Honolulu	HI	96817

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

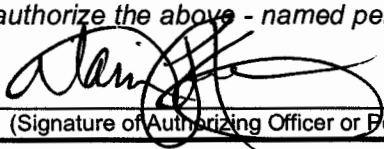


(Signature of Lobbyist)

2/24/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dain P. Kane		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii State Association of Counties		(808) 270-7760	
MAILING ADDRESS (Street)		FAX	
c/o Dain P. Kane, President; 200 South High Street		(808) 270-7639	
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		2/22/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	